

Child Protection Maltreatment Checklist

NORTH Dakota | Health & Human Services
Be Legendary.

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These checklists may not be a comprehensive list of all components necessary for an assessment.

Physical Abuse

640-01-15-20-01

Individuals to Interview

☐All victims within respective response time.
☐ All other children in the household.
☐ Parents/caregivers.
☐ Subject(s).
☐ Witnesses to incident.
☐ Medical- treating medical staff, ambulance personnel, etc.
☐ CARE Clinic consultation (child abuse and neglect medical experts).
☐ Extended relatives and fictive kin.
☐ School staff- teachers, social workers, counselors, etc.
☐ Mental health professions.
☐ Law enforcement- request assistance to take pictures.
☐ Childcare providers.
☐ Collaterals- **at least 2** who can speak to the subjects' capacities & child functioning.

*Coordinate interviews with law enforcement.

Information/Details to Support Decision

☐ Home visit by the worker (unannounced is best practice).
☐ Size and description of injury
☐ Location of injury
☐ Timeline- when did injury occur
☐ Was there pain? How long did it last? How did it impact them? Pain scale.
☐ Any lasting physical impact or medical follow up needed due to injuries?
☐ What did it feel like? How were they feeling? (Screaming, crying, moving away, protecting themselves, fearful etc.)
☐ Was an object/s used? Description of object, where is it kept?
☐ Willful- how was it willful? Did the subject mean to? Reckless disregard?
☐ Intentionally- control vs. uncontrolled?
☐ Was it reasonable force?
☐ Was it safeguarding? How and who?
☐ Timeline of all caregivers- especially important for infants, toddlers, and children unable to communicate.
☐ Who knows about the incident/injury?
☐ View where the incident occurred and describe this.
☐ Historically, has this happened before?
☐ Describe subject's behaviors (impulsive, reactive, etc.).
☐ Any criminal charges, arrests, convictions, pleas, etc.

Documents

☐ Law enforcement reports, calls for services.
☐ Legal documentation.
☐ Medical report, ambulance report.
☐ Child abuse medical expert documents.
☐ Pictures taken LE, medical, others; videos.
☐ Forensic interview summary.
☐ *Near death- physician must certify the child was in serious or critical condition- verbally or written.

Law and Policy

☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
☐ North Dakota Child Abuse and Neglect Manual- Physical Abuse 640-01-15-20-01

Sexual Abuse

640-01-15-20-01-05

Individuals to Interview

- ☐ All victims- forensic interviews.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Witnesses to incident.
- ☐ Medical- treating medical staff, ambulance personnel, etc.
- ☐ CARE Clinic consultation (child abuse and neglect medical experts).
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Mental health professions.
- ☐ Law enforcement.
- ☐ Childcare providers.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities & child functioning.

*Coordinate interviews with law enforcement.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ If subject is not a parent, was the subject a caregiver? Were they in the caregiving role? How were they a caregiver? Roles and responsibilities?
- ☐ Details about sexual abuse- feel, smell, taste, over clothes/under clothes, what was said, clothing worn, others in the room or witness to anything.
- ☐ Timeline- when would or did the abuse occur- nighttime, morning, fall, snow on the ground, etc.
- ☐ Who else was in the home? Where were other household members not in the home at the time of abuse?
- ☐ Where did it happen? In a room, on a bed, couch, ground, etc. View where the incident occurred and describe what we see vs. child described.
- ☐ Were there threats made or coercion made during or after? Rewards given or promised for compliance?
- ☐ Details about any information that can be corroborated (sexual fetishes, comments made to victim, etc. that may be used towards others subject intimate with, etc.).
- ☐ Details of other occurrences/incidents.
- ☐ Subjects' criminal or child protection history of sexual offenses.
- ☐ Any criminal charges, arrests, convictions, pleas, etc.
- ☐ Consider information about psychological impact of sexual abuse- see psychological maltreatment checklist.

Documents

- ☐ Law enforcement reports.
- ☐ Medical report, SANE exam, CARE clinic.
- ☐ Mental health records.
- ☐ Forensic interview summary.
- ☐ Text messages, pictures, additional evidence.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Sexual Abuse 640-01-15-20-01-05

Abandonment

640-01-15-20-05-05

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Other witnesses to incident.
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Mental health professions.
- ☐ Juvenile court officers.
- ☐ Neighbors.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities & child functioning.

*Due diligence to locate parent/caregivers.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Specific timelines- how long has the parent/caregiver been gone?
- ☐ Were arrangements made and what were they?
- ☐ Is the arranged caregiver unable or unwilling to continue providing care?
- ☐ What efforts and when has contact been attempted by current caregiver to parents?
- ☐ Who had contact with the parent last?
- ☐ When were they expected to return?
- ☐ Who is legally responsible for the child/ren?
- ☐ Has the subject provided financial assistance for food, shelter, clothing, or medical attention reasonably sufficient to meet the child/ren's needs?
- ☐ If no, did the arranged caregiver request assistance from the subject/s? When?
- ☐ Was the current caregiver able to access or obtain insurance for the child/ren?
- ☐ Has the parent/caregiver made discharge arrangements within 10 days after hospitalization is no longer needed for child?
- ☐ Where did the parents go and why?
- ☐ What is the reason the parent/caregiver won't resume custody of the child?
- ☐ Due to no contact from the parent/caregiver does the child/ren have unmet needs as a result and how has this impacted the child/ren? (Educational, medical, including obtaining prescription medications, mental health, etc.).
- ☐ Historically, has this happened before?

*Abandonment may not be considered when abandoned infant provisions have been met (NDCC 50-25.1-1-15)

Documents

- ☐ Law enforcement reports, calls for services.
- ☐ Timeline of parental/caregiver absence.
- ☐ Medical and mental health documentation.
- ☐ Any formal or informal custody agreements.
- ☐ Affidavits and legal documents.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual- Abandonment 640-01-15-20-05-05

Inadequate Supervision

640-01-15-20-05-15

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ Other witnesses to incident.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Mental health professions.
- ☐ Juvenile court officers.
- ☐ Neighbors.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities & child functioning.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Specific timelines- time of day, how long was the child left?
- ☐ Proximity of where child was found from where they live/were last supervised from.
- ☐ Describe the location of where they were found (train tracks, water, familiar vs. unfamiliar area, fenced, etc.).
- ☐ Age, maturity, vulnerability of each child, including ability to meet own needs?
- ☐ Children's knowledge of what to do in an emergency?
- ☐ Access and availability to means of communication?
- ☐ Distance from nearest caregiver?
- ☐ Impaired caregiver- how would the caregiver be unable to respond to or meet the child's needs?
- ☐ Child/ren's feelings about being alone or without adequate supervision?
- ☐ Children's knowledge of parents/caregivers location and plans for returning?
- ☐ Is child engaging in delinquent or disorderly behaviors while unsupervised?
- ☐ Historical pattern?
- ☐ Children providing supervision to other children:
  - ☐ Age and number of children supervision at one time.
  - ☐ How does the child describe how to meet the needs of each child (basic, behavioral, soothing, feeding, changing an infant, etc.) and comfort in meeting those needs?

Documents

- ☐ Law enforcement reports, calls for services.
- ☐ Urine drug screens, BAC, etc.
- ☐ Affidavits and legal documents.
- ☐ Text messages, pictures, and video communication or evidence.
- ☐ Juvenile court records-probation, etc.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual- Inadequate Supervision 640-01-15-20-05-15
- ☐ North Dakota Supervision Guidelines- Home Alone: Is Your Child Ready?

Environmental Conditions

640-01-15-20-05-20

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Other witnesses to environment.
- ☐ Mental health professions.
- ☐ Health Department.
- ☐ Law enforcement.
- ☐ Neighbors.
- ☐ Landlord.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Description of the home visit by the worker; what you see, hear, smell, feel, etc.
- ☐ Description of the home by all children parents/caregiver, other adults who live in the home, responsibilities of each person in the home, and each person's belief of cause of the condition.
- ☐ Can the children in the home describe any items found, people coming in and out, etc.?
- ☐ Age, maturity, vulnerability of each child.
- ☐ Confirm safe sleep environment for infants.
- ☐ Firearm storage and accessibility.
- ☐ Description of home by others who have been in the home.
- ☐ Description of location of items and accessibility to each child; firearms, alcohol, drugs and paraphernalia, human or animal waste, toxic materials, spoiled food, inadequate heat, fire hazards, exposed wiring, broken glass, etc.
- ☐ How long has the home been in that condition?
- ☐ What action(s) have occurred to remedy current issues?
- ☐ Is there a history of poor condition (history of eviction, CPS history, etc.)
- ☐ Description of videos and photos obtained.
- ☐ Underlying issues causing the environmental condition? Caregiver behavioral/ cognitive/emotional capacities.

Documents

- ☐ Law enforcement reports, pictures, body cam footage, calls for services.
- ☐ Affidavits and legal documents.
- ☐ Pictures and videos.
- ☐ Health Department report.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Environmental Conditions 640-01-15-20-05-20

Inadequate Nutrition/Failure to Thrive

640-01-15-20-05-30

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Medical professionals, CARE clinic, etc.
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Childcare providers.
- ☐ Mental health professions.
- ☐ Law enforcement.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Recommend the victim be seen by medical providers upon receipt of the report.
- ☐ Description of feeding times/timelines.
- ☐ What and how are they eating- ask subject to show you how they prepare a bottle, etc.
- ☐ Information to show the inaction by subject feeding or caring for child related to failure to thrive.
- ☐ Medical statement with Failure to Thrive diagnosis and relation to subjects inactions or behaviors.
- ☐ Any feeding studies completed by the hospital.
- ☐ Are they accessing nutrition services?
- ☐ Are caregivers following through with medical recommendations?
- ☐ Information from other children in the home that can describe feeding patterns, food accessibility, and timelines.
- ☐ Collaterals that can describe caregivers' capacities to provide basic feeding and nutritional needs.
- ☐ Physically observe the home and food, formula, bottles, etc. and describe.
- ☐ Is the food/formula developmentally appropriate?
- ☐ Does the child describe being hungry, not having access to food, going to bed hungry, etc.?
- ☐ Behaviors to be aware of- begging from neighbors, eating out of garbage can, stealing food, hoarding food, gorging on food causing vomiting.

Documents

- ☐ Law enforcement reports, pictures, body cam footage, calls for services.
- ☐ Affidavits and legal documents.
- ☐ Pictures and videos.
- ☐ Medical records- growth charts and weight loss documentation.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual- Inadequate Nutrition 640-01-15-20-05-25

Inadequate Clothing/Hygiene

640-01-15-20-05-30

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Childcare providers.
- ☐ Other collaterals who encounter victims regularly.
- ☐ Mental health professions.
- ☐ Law enforcement.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Description of how the child is dressed, appears, smells, etc. from the worker and collaterals.
- ☐ Is it affecting their peer relationship?
- ☐ Is there information that it impacts their education?
- ☐ Is it impacting the child's mental/emotional health?
- ☐ Vulnerability of child, age and development of the child and whether the child can complete basic hygiene tasks or not.
- ☐ How long has it been occurring?
- ☐ Has it been addressed with parents/caregivers and what is their response?
- ☐ Does the family have personal hygiene supplies (laundry soap, access to laundry services, body wash, etc.)
- ☐ Does the family have the financial means/resources to treat lice or hygiene needs? Have they sought our assistance?

Documents

- ☐ School documentation.
- ☐ Pictures and videos, text or other communication evidence.
- ☐ Medical records.
- ☐ Law enforcement records.
- ☐ Legal documents.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual- Inadequate Clothing/Hygiene 640-01-15-20-05-30

Medical Neglect

640-01-15-20-05-35

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Medical professionals, CARE clinic, medical specialists for children, etc.
- ☐ Mental health professions.
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Childcare providers.
- ☐ Law enforcement.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Recommend child be seen by medical provider upon receipt of the report- consider a CARE clinic referral.
- ☐ Description of the medical condition.
- ☐ Parent/caregiver's understanding and explanation of medical care needed/treatment necessity. Explanation of inaction.
- ☐ Information to show the inaction of the parent/caregiver.
- ☐ Historical medical treatment, recommendations of treatment, and follow through of those recommendations.
- ☐ What impact to the child could the failure or delay of treatment cause to the child- statement from medical providers.

Documents

- ☐ All medical records- may be multiple providers.
- ☐ Dental records- may be multiple providers.
- ☐ Mental health records.
- ☐ Law enforcement records.
- ☐ Legal documents.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual- Medical Neglect 640-01-15-20-05-35

Prenatal Exposure to Alcohol or Controlled Substances

640-01-15-20-05-40

Please reference SEI Flow Chart and policy manual to determine if a standard assessment or Alternative Response is most appropriate.

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Medical professionals- hospital staff, NICU team, pediatrician.
- ☐ Medical social worker/case manager.
- ☐ Mental health professions.
- ☐ Substance use disorder treatment provider.
- ☐ Peer support/recovery coach.
- ☐ Medication assisted treatment provider.
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc., if applicable for other children.
- ☐ Childcare providers.
- ☐ Law enforcement.
- ☐ Probation officer.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ When was alcohol or substance use occurring while pregnant?
- ☐ What substances were used and how?
- ☐ How often was use occurring?
- ☐ When was the last use prior to giving birth?
- ☐ History of use, treatment, relapse, etc.
- ☐ Parental skills and abilities while in the hospital.
- ☐ Any service provider engagement?
- ☐ Assess all children in the household for exposure.
- ☐ Collateral concerns or knowledge of substance use or alcohol misuse.
- ☐ Description of behavior while under the influence of substances or alcohol- by parent/caregiver, children, collaterals.
- ☐ Criminal involvement or concern due to substance use or alcohol misuse- charges, probation violations, etc.

Documents

- ☐ All medical records- birth, well-baby, etc.
- ☐ Confirmation of cord blood or meconium.
- ☐ Any drug screens results.
- ☐ Mental health records.
- ☐ SUD evaluation, recommendations, and treatment records.
- ☐ Law enforcement records, legal documents.
- ☐ Plan of Safe Care.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Prenatal Exposure to Alcohol or Controlled Substances 640-01-15-20-05-40

Environmental Exposure to Controlled Substances

640-01-15-20-05-45

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ Neighbors.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Childcare providers.
- ☐ Mental health professions/SUD providers.
- ☐ Law enforcement/drug task force.
- ☐ Parole/Probation officers.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ How often are substances being used?
- ☐ Children able to provide a description of drug use; see, smell, color, texture, etc.
- ☐ Can the child draw it? Have them draw it.
- ☐ Where is it being used? Where are they when it is used? When is it used? Who and how are they using it?
- ☐ Description of behaviors before, during, and after use.
- ☐ Who is in the home when drugs are being used?
- ☐ Information from collaterals- can they corroborate some of the details the children provide?
- ☐ Has it been addressed with the subject? Subjects' response to details gathered (child draws something, describes what they see, smell, etc.) why would they know this?
- ☐ What do subjects say about their use? What do they use, when, how often, how?
- ☐ Where do they store substances and paraphernalia? Did you confirm this through your own observations?
- ☐ Willing to complete a drug screen, hair follicle- subject or children?
- ☐ History of use?

Documents

- ☐ Law enforcement reports, pictures, body cam footage, calls for services.
- ☐ 24/7 records.
- ☐ Urine drug screen and hair follicle results.
- ☐ Affidavits and legal documents.
- ☐ Pictures, videos, drawings.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Environmental Exposure to Controlled Substances 640-01-15-20-05-45

Educational Neglect

640-01-15-20-05-50

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Mental health professions.
- ☐ Law enforcement- school resource officer.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Why do the children say they are not attending school? What do they do when they are not in school? What do their parent/caregivers say when they are not going to school?
- ☐ Why do the parents/caregivers say the children are not attending school?
- ☐ What efforts has the parent/caregiver made to get the child to school?
- ☐ Information from teachers about the impact to the children from not attending regularly.
- ☐ When the children do attend school are they engaged, behaviors, unable to focus, etc.?
- ☐ History of education and/or attendance issues?
- ☐ Underlying issues for the child or caregiver- mental health, substance use, etc. causing attendance issues?
- ☐ CHINS involvement?
- ☐ Determine if it is education neglect or truancy; educational neglect= caregiver is aware or should have been aware of the excessive absenteeism **and** caregiver contributed to the problem or failed to take steps to effectively address the problem **and** there is educational impairment or harm to the child or danger of impairment or harm.
- ☐ Family Services Assessment- family prevention plan.
- ☐ Truancy- Child in Need of Services (CHINS). North Dakota Century Code- Child Welfare 27-20.3-01(06)(a)

Documents

- ☐ Attendance; history of attendance.
- ☐ Educational impact; grades and other school documentation.
- ☐ School attempts to engage & contact family- letters, calls, home visits, meetings, other efforts.
- ☐ Law enforcement- citation for attendance.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Century Code- School Attendance 15.1-20
- ☐ North Dakota Child Abuse and Neglect Manual-Educational Neglect 640-01-15-20-05-50

Failure to Protect

640-01-15-20-05-55

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ Other witnesses to the incident.
- ☐ Medical professionals.
- ☐ School staff- teachers, social workers, counselors, etc.
- ☐ Childcare providers.
- ☐ Mental health professions.
- ☐ Law enforcement.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Did subject attempt to intervene to control danger? How and when?
- ☐ What was the subject's reason for not intervening? What are their thoughts on the dangerous situation/individual?

Examples to consider:

- ☐ Person poses physical, psychological, or sexual threat to child and caregiver does not act to protect child.
- ☐ Caregiver knowingly exposes child to threatening or dangerous conditions, situations, or individuals including knowingly subjecting the child to an untreated sexual offender, drug user, or individual who misuses alcohol.
- ☐ Report of abuse or assault between siblings and caregiver does not act to protect the child.
- ☐ Caregiver is not responding to protect a child from the degree of threat presented or is not cooperating with professional recommendations for the child's suicidal threats/gestures or other self-harming behavior.
- ☐ Caregiver allows numerous visits in and out of the home at all hours of the day or night with unsupervised access to the children without regard to the potential harm to the child.

*Neglect due to failure to protect may not be confirmed when a caregiver fails to protect the child from their own actions.

Documents

- ☐ Mental health records.
- ☐ Medical records.
- ☐ Law enforcement reports.
- ☐ Any text message, picture or video evidence.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Failure to Protect

Psychological Maltreatment

640-01-15-20-05-60

Individuals to Interview

- ☐ All victims within respective response time.
- ☐ All other children in the household.
- ☐ Parents/caregivers.
- ☐ Subject(s).
- ☐ Extended relatives and fictive kin.
- ☐ School staff- teachers, social workers, counselors, etc.- past and current.
- ☐ Childcare providers.
- ☐ Mental health professions.
- ☐ Neighbors.
- ☐ Law enforcement.
- ☐ Collaterals- **at least 2** who can speak to the subjects' capacities.

Information/Details to Support Decision

- ☐ Home visit by the worker (unannounced is best practice).
- ☐ Consideration of domestic violence victims for failure to protect (see Failure to Protect checklist).
- ☐ Emotional or behavioral problems of the child, which can be correlated to the caregiver's behavior.
- ☐ Establishing a pattern of parent/caregiver behavior; documented history, collateral information. Is lack of reaction associated with pattern or normalized experience? Or detail extreme incident.
- ☐ Caregiver action + child witness (see or hear) to the caregiver behavior = results in psychological consequence to the child.
- ☐ Any mental health/behavioral/emotional changes- not a momentary change.
- ☐ How was the child prior to caregiver's behaviors and how has the child changes since the alleged psychological maltreatment concerns.
- ☐ Detailed impact/evidence of psychological consequences; such as sleep patterns or difficulties, physical reactions when around or discussion subject such as stomach aches, shaking, racing heart, avoidance, shutting down, academic difficulties, trouble forming or mainlining relationships, depression, low self-esteem, symptoms of post-traumatic stress, behavioral problems, self- injurious behaviors, etc.
- ☐ Establish connection of the consequences of the omission or commission of the psychological maltreatment/behavior; that is more likely than not that action nor inaction of caregiver caused the psychological consequence.
- ☐ Impact is caused by maltreatment or previous emotional condition exacerbated by maltreatment.

Documents

- ☐ Law enforcement reports.
- ☐ Medical and mental health records.
- ☐ School records.
- ☐ Affidavits and legal documents.
- ☐ Text messages, pictures and videos.

Law and Policy

- ☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1
- ☐ North Dakota Child Abuse and Neglect Manual-Psychological Maltreatment 640-01-15-20-05-60

Child Sexual Behavior Problems (CSB)

Administrative Referral Checklist

640-01-10-90-20

Tasks to Complete

☐ Refer to law enforcement to determine their level of involvement. Follow their lead when conducting a criminal investigation.

☐ If a forensic interview is determined necessary, accompany the officer to the child interview, if possible.

When law enforcement declines to investigate, the CPS worker must continue independently:

☐ Contact the parents/caregivers and address concerns of safety for all children. This must be completed for each child involved and their families, including the child exhibiting problematic sexualized behaviors and the child victims.

☐ Complete evidenced based trauma screening tool for each child involved. This must be completed for each child involved and their families, including the child exhibiting problematic sexualized behaviors and the child victims.

☐ Make referral for services, if applicable, for all children's involvement. This must be completed for each child involved and their families, including the child exhibiting problematic sexualized behaviors and the child victims.

*If there are concerns for supervision and the parents/caregivers refuse to provide information or deny the need to provide safety, consider whether there is a reasonable suspicion that one or more children may be neglected by a caregiver not providing safety for the children. If so, file a report of suspected child abuse and neglect with CPS intake.

Documentation

☐ Document all case contacts in the case activity log in the state's child welfare documenting system, including forensic interviews, trauma screening, safety planning, and service referrals.

☐ Complete Administrative Referral in the state's child welfare documenting system. All sections must be complete prior to submitting.

Law and Policy

☐ North Dakota Century Code- Child Abuse and Neglect Chapter 50-25.1

☐ North Dakota Child Abuse and Neglect Manual- Child Sexual Behavior Problems 640-01-10-90-20